

**ORDSALL  
HEALTH  
SURGERY**

**CHILD  
Patient Registration  
Questionnaire**

Please complete this questionnaire about your health. This is important as it takes some months before your medical records reach us from your previous GP.

**PLEASE COMPLETE IN BLOCK CAPITALS**

**About your child**

Surname  Date of Birth

Forename(s)  email address

Home phone number  Mobile number

If school age – name of school:

(For confidentiality we recommend that where practical, your own mobile number is used not a relatives)

**Can the practice send you appointment reminders & messages which may include clinical information like test results?**

**By Text?**  Yes  No

**By email?**  Yes  No

**Next of kin?** Name:  Phone:

**Please note:** It is *your* responsibility to inform us of any changes in your address and phone numbers and email address. This is necessary to make sure that we are able to contact you about your care if that be necessary. Please let us know of any changes **as soon as possible**.

**Please list any family members (children or parents) who live with you and are registered at this practice.**

Name:  Date of birth

Name:  Date of birth

Name:  Date of birth

Name:  Date of birth

**Is your child a carer?** –  Yes  No *that is they look after someone more than usual and help them with things like washing, dressing or taking medicines?*

With their consent – please let us know the persons name if registered at our practice: .....

**Does your child have any special communication needs or other disability, what is it? Do you need any special help from the practice help you deal with it?**

.....  
.....

### **Gender & Sexuality**

**How you & your child describe their gender:**

Male  Female  Other (Please state) .....

### **Regular prescribed medications**

Does your child you take any regular medicines or inhalers?  Yes  No

### **Your choice of chemist:**

All prescriptions are now sent electronically a the chemist of your choice. Please indicate below which chemist you would like your prescriptions sent to. The 3 closest local ones are listed below. You can change your choice at any time by letting us know.

K's Chemist, 120 Phoebe St, M5 3PH (next door to the surgery)

Lloyd's Chemist, 100 Regent Rd, M5 4QU (in Sainsbury's Supermarket)

Boots Chemist, Regents Park, M5 3TP.

Another chemist:  Name of chemist & Post Code:.....

### **Allergies**

Please list any drugs that they are allergic to and what happens when they take them:

.....

Please list any other allergies and how it affects them:

.....

## **Immunisation**

**Please provide a copy of your child's immunisation history**, if you don't have any record, could you please confirm in which country the child had previously had immunisation.

.....

**Has the child have all their immunisation** up to now  Yes  No  Don't know

## **Ethnic origin**

Please indicate your child's ethnic origin / group by ticking one of the boxes below:

- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> White British | <input type="checkbox"/> White Irish      | <input type="checkbox"/> White Scottish          | <input type="checkbox"/> White Welsh |
| <input type="checkbox"/> White Other   | <input type="checkbox"/> Eastern European | <input type="checkbox"/> Other European          |                                      |
| <input type="checkbox"/> Black African | <input type="checkbox"/> Black Caribbean  | <input type="checkbox"/> Black British           | <input type="checkbox"/> Black Other |
| <input type="checkbox"/> American      | <input type="checkbox"/> Canadian         | <input type="checkbox"/> Australasian            | <input type="checkbox"/> Chinese     |
| <input type="checkbox"/> Kurdish       | <input type="checkbox"/> Iranian          | <input type="checkbox"/> Iraqi                   | <input type="checkbox"/> Indian      |
| <input type="checkbox"/> Pakistani     | <input type="checkbox"/> Bangladeshi      | <input type="checkbox"/> Do not wish to disclose |                                      |

If your child's ethnic origin / group is not included above, please state origin / group below:-

.....

## **Country of origin and language**

**Which country do you come from?** .....

If you do not come from the UK, how long do you intend to stay in the UK? .....

**What is your child's first language?** .....

Do you need an interpreter to help you during appointments?  Yes  No

**If you are a refugee, are you....**

an asylum seeker

failed to be granted asylum

been granted leave to remain

Is this your first time to register with a GP in UK?  Yes  No

## ***Your child's record and consent***

Ordsall Health Surgery makes every effort to protect the privacy our patients medical record in line with current laws and guidance and only share it for the following reasons:

- when needed for your direct personal care – for example a referral to a specialist
- at your request e.g. for insurance or Subject Access Requests, or if you have agreed to join a research project
- when required by law e.g. in the interests of public safety or by the coroner

Your electronic data is also shared in the following ways:

- National Summary Care Record
- Greater Manchester Care Record & the Salford Integrated Care Record
- NHS Digital

If you would like to find out more information about how your record is shared or would like to know how to opt out of the sharing of your record then please visit our practice website.

<https://www.ordsallhealthsurgery.nhs.uk/patient-information/data-protection-privacy-and-confidentiality>

**All patients are invited, if they so wish, to have a routine 20 minute new patient health check with the nurse to discuss their health.**



Ordsall Health Surgery  
 118 Phoebe Street  
 Salford M5 3PH  
 Tel: 0161 983 0080  
 Fax: 0161 983 0081  
[salccg.ordsallhealthsurgery@nhs.net](mailto:salccg.ordsallhealthsurgery@nhs.net)  
[www.ordsallhealthsurgery.nhs.uk](http://www.ordsallhealthsurgery.nhs.uk)

**IF YOU HAVE A CHILD UNDER THE AGE OF 16 – PLEASE COMPLETE THIS FORM –  
 OTHERWISE LEAVE BLANK**

**Notification of newly registered child to Health Visitor / School Nurse**

**Please fill in the shaded areas**

<b>Childs Name</b>		<b>DOB</b>	
<b>Address</b>		<b>Sex</b>	
<b>Reg GP</b>		<b>NHS No</b>	
<b>Contact No</b>			
<b>Parent/Person with Parental Responsibility:</b>			
<b>Relationship to Child:</b>			
<b>School Attended:</b>			
<b>Any Concerns / Comments:</b>			

**Please put this form in the plastic wallet on Bernie's notice board**



## Online Services Records Access

### Patient information leaflet 'It's your choice'

*If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.*

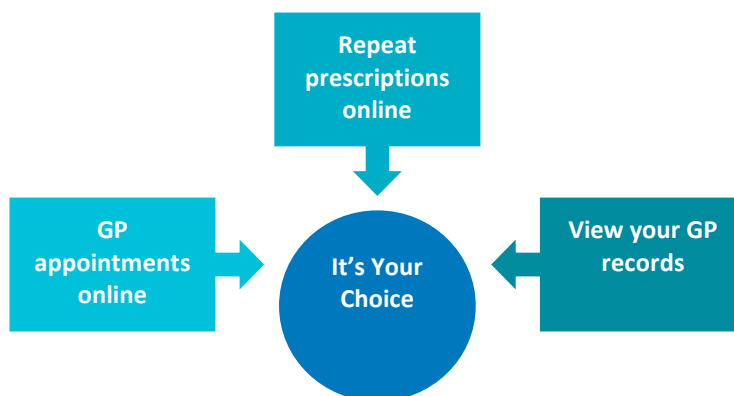
*Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.*

*You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.*

*The practice has the right to remove online access to services for anyone that doesn't use them responsibly.*

***Before you apply for online access to your record, there are some other things to consider.***

*Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.*



***It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.***

***If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.***

***If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.***

## Things to consider

### *Forgotten history*

*There may be something you have forgotten about in your record that you might find upsetting.*

### *Abnormal results or bad news*

*If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.*

### *Choosing to share your information with someone*

*It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.*

### *Coercion*

*If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.*

### *Misunderstood information*

*Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.*

### *Information about someone else*

*If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.*

## *More information*

*For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society: Keeping your online health and social care records safe and secure <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>*

If you would like to be able to view part of your medical record online – please ask for application form for that.





**ORDSALL  
HEALTH  
SURGERY**

Ordsall Health Surgery  
118 Phoebe Street  
Salford M5 3PH  
Tel: 0161 983 0080  
Fax: 0161 983 0081  
[salccg.ordsallhealthsurgery@nhs.net](mailto:salccg.ordsallhealthsurgery@nhs.net)  
[www.ordsallhealthsurgery.nhs.uk](http://www.ordsallhealthsurgery.nhs.uk)

***Application for On-line access by proxy  
Appointment Booking and Repeat Prescription Ordering***

**Patients details**

**Surname..... First name .....**

**Date of Birth..... Phone number.....**

**Address .....**

**..... Post code .....**

**Person applying for access**

**Surname..... First name .....**

**Date of Birth..... Phone number.....**

**Address .....**

**..... Post code .....**

**Relationship to patient.....**

**Email address of person who is applying for access: (Please use capital letters)**

.....

**Why is access being requested? .....**

.....

- I have read and understood the leaflet on online access provided by the practice.....
- I will be responsible for the security of the information that I see or download .....
- If I choose to share my information with anyone else, this is at my own risk .....
- I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement .....

- If I see information in my record that is not about me or is inaccurate, I will exit the account as soon as possible and contact the practice as soon as possible.....

Once registered you will be sent an activation code to allow access to online booking of appointments and ordering of repeat prescriptions.

Signature or patient or Power of Attorney provided.....

Date Signed .....

Signature of person applying for access.....

Date Signed .....

**For Practice use only:**

Verification of person applying for proxy access	Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>
Verification of patient ID or Patient authorisation.	Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Bank statement <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Power of attorney <input type="checkbox"/> Proof of parental responsibility <input type="checkbox"/>
Identity verified by whom:	Initials ..... Sign.....Date..... Approved by (GP or Caldicott lead) Initials ..... Sign.....Date.....
Date account created for appointments and medication	